I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 03/20/2014

VP

SIGNATURE: SHIRLEY MCMAHON

Electronic Signature of Signing Officer/Director Detail

Entity Name: GULF COAST INSURANCE AND FINANCIAL SERVICES, INC.

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

1521 SUNSET POINT ROAD CLEARWATER, FL 33755

DOCUMENT# P09000026931

Current Mailing Address:

1521 SUNSET POINT ROAD CLEARWATER, FL 33755

FEI Number: 26-4591817

Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, LLC 155 OFFICE PLAZA DRIVE STE A TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Officer/D

Title	PRES	Title	VP
Name	BRAVMAN, STEVEN M	Name	MCMAHON, SHIRLEY
Address	1521 SUNSET POINT ROAD	Address	1521 SUNSET POINT ROAD
City-State-Zip:	CLEARWATER FL 33755	City-State-Zip:	CLEARWATER FL 33755

UNE	Electronic Signature of Registered Agent				
Director Detail :					
	PRES	Title	VP		
	BRAVMAN, STEVEN M	Name	MCMAHON, SHIRLEY		
		Adress			

Date

Certificate of Status Desired: No

FILED Mar 20, 2014 Secretary of State CC6833053517

Date